

Case study

Ayurvedic Management of Parkinson's disease: A Case Report

ABSTRACT:

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Parkinson's disease is a neurodegenerative condition which affects the basal ganglia and substantia nigra which presents with differing combinations of bradykinesia, rigidity, tremors and loss of postural reflexes. Parkinson's disease has an annual incidence of about 0.2/1000 and prevalence of 1.2/1000 in worldwide. Parkinson's disease is chronic progressive disease that adds substantial physical, emotional and financial burden to victims and their families. Management of this condition by modern science has their own limitation with severe side effects. With the changing demand and awareness among people these days, the role of *Āyurveda* is an emerging reality. A 65 years old [labour] male patient prior diagnosed with Parkinson's disease came to our P.D Patel Ayurvedic hospital, Nadiad with chief complaints of continuous tremors in right extremities and difficulty in walking since 1 year. Before he came to us, he took conventional medicines for the same complaints but didn't get any satisfactory result. Here he was consulted and diagnosed as *Kampavāta* and he was admitted and treated accordingly with *Śodhana* and *Śamana Cikitsā*. Present study reveals that this treatment protocol is effective in the management of the patient of Parkinson's disease. Long follow up and more number of patients are required to reach up to any conclusion but in this case it can be stated that this treatment is a hope for the patients of Parkinson's disease not benefited with conventional medicaments.

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Keywords: Parkinson's disease, Ayurveda, *Kampavāta*

INTRODUCTION:

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Parkinsonism is a syndrome consisting of a variable combination of tremor, rigidity, bradykinesia and a characteristic disturbance of gait and posture. It was first described in detail by Dr. James Parkinson in 1817. Parkinson's disease (PD) generally commences in middle or late life and average age of onset is about 60 years. It leads to progressive disability with time. Prevalence is higher in men than women (M:F-1.5:1).¹ At least 80% of Parkinsonism is idiopathic. Probably multiple interacting environmental risk factors and genetic susceptibility plays a role.

MATERIAL & METHOD:

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This is a Clinical study.

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A 65 years old **labour** male patient prior diagnosed with Parkinson's disease came to our P.D Patel Ayurvedic hospital , Nadiad with chief complaints of continuous tremors in right extremities and difficulty in walking since 1 year along with anxiety, depression, headache and dribbling of saliva from 3 months. Before he came to us, he took **conventional medicines** for the same complaints but didn't get any satisfactory result. Here he was consulted and diagnosed as Kampavata and he was admitted and treated accordingly with *Shodhana* and *Shamanachikitsa*.

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Comment [WU8]: Please give details on the kind of conventional medicines used unless the patient didn't give detail about them.

For literature review the material has been collected from Ayurvedic texts e.g. *Carakasamhitā*, *Suśrutasamhitā*, *Aṣṭāṅga hṛdaya*, *MadhavaNidana*, *Bhavapraksha* with different commentaries, Research articles, Modern texts and National research databases

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Table 1.Chief complaints with duration

Complaints	Duration
<ul style="list-style-type: none"> Continuous tremors in right upper and lower limb 	Since 1 year
<ul style="list-style-type: none"> Difficulty in walking 	Since 1 year
<ul style="list-style-type: none"> Stiffness and restricted movement of neck 	Since 6 month
<ul style="list-style-type: none"> Anxiety, depression, headache and dribbling of saliva 	Since 3 month

On examination

- Respiratory system : NAD
- Cardiovascular system : NAD
- Gastrointestinal system : NAD
- **Central nerves system** :
 - Neuropsychiatric :
 - ✓ Anxiety
 - ✓ Depression
 - ✓ Expressionless face
 - ✓ Slurred speech
 - Motor function:
 - ✓ Tremor at rest in right upper and lower limb

- ✓ Rigidity in right upper and lower limb
- ✓ Slowness of movement
- ✓ Festinating gait
- ✓ Hyper reflexia in right knee, ankle, planter, biceps, triceps and supinator jerk
- Sensory function: NAD
- Medical History: He was diagnosed to have Parkinson's disease before 1 year and he was taking following allopathic medicines since last 1 year.
 - Tab. Syndopa plus 1 tab/5 time/day
 - Tab. Rasagiline 1 tab once a day

With this treatment he was not benefited so he came to P.D.Patel Ayurved Hospital, Nadiad for Ayurvedic treatment

Patient admitted in the P. D. Patel Ayurveda hospital and treated in the I.P.D. for 40 days with the following treatment

- *Sarvaṅga Abhyaṅga* (massage with medicated oil) with *Nārāyaṇa Tailaṃ* and *Sarvaṅga Svedana* (full body steam) with *Nirguṇḍī patra* for 2 days just after admission
- On 3rd day –after *Abhyaṅga* and *Svedana* he got *Mṛdu Virecana* (mild laxative) (*Eraṇḍa Tailaṃ* 40ml + *Dīnadayāla Cūrṇa* 5gms with *Drakṣa Kwātha*) with that he had 12 vegain *Virecana*.
- *Sarvaṅga Abhyaṅga* with *Nārāyaṇa Tailaṃ* and *Svedana* with *Nirguṇḍī patra* was continued after completion of *Saṃsarjana Krama* (diet regimen)
- *Nirūha basti* (enema with medicated decoction) of *Daśmūla kwātha* was given for 3 days after completion of *Saṃsarjana Krama*.
- *Mātrabasti* (enema with medicated oil) of *Nārāyaṇa Tailaṃ* 40 ml was given daily after 3 *Nirūha bastis*
- *Nasya* (nasal drops) with *Nārāyaṇa Tailaṃ* 8-8 drops at morning daily
- *Grīvābasti* (warm oil put on neck) of *Nārāyaṇa Tailaṃ* 30 mins daily
- *Upanāha svedana* (warm medicated leaves tied up on knee joint) with *Nirguṇḍī patra* for 30 mins daily
- **Following Oral Medicaments were given:**

- **Balāmūla kwātha**(decoction of *Sida Cordifolia*) 40 ml twice a day
- **Yogarāja guggulu** 3 tablet trice a day
- **Kapikacchu cūrṇa**(powder of *Mucunapruriens*) 5 gm trice a day and **Aśvagaṅdhā cūrṇa** (powder of *Withania Somnifera*) 3 gm twice a day with 1 glass of milk
- **Ābhyāntarasnehapāna**(orally drink oil)with **Nārāyaṇa Tailaṃ**orally 20 ml mix with **Balāmūla kwātha**twice a day

RESULTS AND DISCUSSION

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Table 2. Before and after Treatment of disease

Before Treatment	After Treatment (after 40 days)
• Patient had continuous tremors	→ are decreased and it occurs only in morning for few minutes.
• Stiffness and restricted movement of neck	→ patient doesn't feel after treatment
• Patient took tab. Syndopa plus 1tab/ 5 time/ day (Levodopa IP 100mg & Carbidopa IP 25mg) and tab. Rasagiline (Rasagilinemesylate 1 mg) 1tab/ once/day	→ dose of medicines are reduced- tab.Syndopa plus ½ tab/twice/day and tab. Rasagiline is now stopped.
• Associated symptoms -headache, anxiety, depression, dribbling of saliva and slurred speech	→ now not present.

Parkinson's disease and *Āyurveda*

'Kampa' and 'Vepathu' terms are mentioned as disease condition in *Vātavyādhi's* chapter and also included in *Vātanānātmajavyādhi*.

Karapādatalekampodehabhramaṇedukhite |

Nindrabaṅgomatiḥ kṣīṇākampavātasyalakṣaṇam || (Basavarājīya)

Clinical features of *kampavāta* listed above can be correlated with the symptoms of Parkinson's disease. *Kampavāta* is one the *Vāta* prominence disease. Therefore line of treatment should be draw according to *Vāta vyādhi*.

After admission of the patient, *Mṛdu virecana* followed by 3 days *Sarvaṅga Abhyaṅga* with *Nārāyanataila* and *Sarvaṅga Svedana* with *Nirgundipatra* was given to the patient. After completion of *Saṃsarjana Krama*, we continued *Abhyaṅga* and *Svedana* to patient. *Snehana'sguṇa* is *snigdha* and *guru* which subsides *Vāta's rūkṣa* and *laghugūṇa*.

Swedana'sguṇa is *Uṣṇa* which subside *Vāta'ssītaguṇa*. *Mṛdu virecana* with *snehadravayais* indicated in the *Vātavyādhi's* treatment in Ayurveda classics.

*Nārāyaṇa taila*² has administered in patient as *Nasya*, *Matrā bastī*, *Grīvābastī* and *ābhyāntarasnehpana*. *Nārāyaṇa taila'sguṇa* is *snigdha*, *sthira* and *uṣṇa* which subside *Vāta's rūkṣa*, *cala* and *sītaguṇa*. *Vāta'scalaguṇa* is more aggravated in Parkinson's disease which result in manifesting *kampaw* which is a specific characteristic of this disease.

*Kapikacchu cūrṇa*³ and *Aśvagaṇdhā cūrṇa*⁴ are *snigdha* and *sthira* in *guṇa* which subside *Vāta's rūkṣa* and *calaguṇa*. And they both are *uṣṇaviryaw* which subside *Vāta'ssītaguṇa* which is responsible for rigidity which also an important characteristic of the disease. Both *cūrṇas* are given along with milk. All together are act as *Vāta nāśaka* and *balya*. We know that in Parkinson's disease Dopamine level is decrease and *Kapikacchu cūrṇa* is also natural source of L-dopa.

*Yogarāja guggulu*⁵ is given orally to patient which contains *Rasnā*, *Triphalā*, etc.. which work along with *guggulu* to remove excess *Vāta* from the joints, nerves and muscles. It rejuvenates and strengthens neuromuscular systems.

We gave *Balāmūla kvātha*, In *Ca.su. 25- ācārya Caraka* mention that *balā* is *balya* and *Vātaharaṇām*⁶. It is used as tonic and to activate the function of the nervous system by increasing blood circulation. It is give strength to nerves.

CONCLUSION

Present study reveals that this treatment protocol is effective in the management of the patient of Parkinson's disease suffering since 1 year. Long follow up and more number of patients are required to reach up to any conclusion but in this case it can be stated that this treatment is a hope for the patients of Parkinson's disease not benefited with conventional medicaments.

NOTE:

The study highlights the efficacy of "Ayurved" which is an ancient tradition, used in some parts of India. This ancient concept should be carefully evaluated in the light of modern medical science and can be utilized partially if found suitable.

References

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 - ³ Sharma PV. *Dravyagūṇa Vijñāna*, Volume- II, 17th edition, Chaukhambha Bharati Academy, Varanasi-221001, 1996
 - ⁴ Sharma PV. *Dravyagūṇa Vijñāna*, Volume-II, 17th edition, Chaukhambha Bharati Academy, Varanasi-221001, 1996
 - ⁵ Das G. *Bhaisajya Ratnāvalī*—edited by Mishra BS, Volume-3, Chaukhambha Sanskrit Sansthan, Varanasi-221001, 2009
 - ⁶ *Agniveśa. Caraka Saṁhitā* with 'Ayurveda Dīpikā' Commentary by Cakrapāṇī—Edited by Acharya YT, Chaukhambha Surbharati Prakashan, Varanasi-221001, 2013